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A BRIEF RÉSUMÉ

OF A

Comparative Study of the Ophthalmoscopic Condi-
tions seen in Interstitial Nephritis as Found
in Dispensary Service and in
General Hospital
Practice.

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537

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A BRIEF RÉSUMÉ OF A COMPARATIVE STUDY OF THE OPHTHALMOSCOPIC CONDITIONS SEEN IN INTERSTITIAL NEPHRITIS AS FOUND IN DISPENSARY SERVICE AND IN GENERAL HOSPITAL PRACTICE.

By CHARLES A. OLIVER, A.M., M.D.

THROUGH the kindness of several of his colleagues, the writer has had the rare opportunity to study a series of ward cases of this type of disease, and thus compare their ophthalmoscopic findings with those that, by long experience, he has become so familiar with in the ordinary walking cases that are so frequently seen in eye-dispensary services.

This difference, which was first pointed out to him by his teacher, Dr. William F. Norris, appeared so radical when he examined his first few cases that he decided that a brief paper upon the subject in these Reports might be of some practical use and value.

Instead of the marked degenerative lesions in the optic nerve-head, retina and choroid, and in place of the gross alterations of the blood-vessels and lymph channels that are so common in the dispensary case, there appeared in every instance, in all manner of varying degrees (mere traces at times), a true neuro-retinitis with vascular and lymph-wall changes.

The ophthalmoscopic picture presented most frequently by the Hospital case is one where associated with hemorrhages, which are most often recognized as flame and fan-shaped extravasations in the thickened fibre-layer of the retina, especially along the main vascular stems, there is nerve-head swelling and œdema from the very faintest haze and elevation to the most complete choking and blocking. In addition to these, just beginning diminution of the arterial currents, which is more marked when the disc is swollen with irregular thickenings and opacifications of the vessel-walls themselves, can be recognized. At times, at points along the finer branches, the walls themselves seem actually thinned and the contained currents bulging. Later, minute yellowish specks and flecks in the deeper retinal tissue and the choroid appear—the entire grouping of symptoms as evidenced through the magnifying power of the direct method of ophthalmo-



scopy, being expressive of a disease which manifests its greatest brunt upon the vascular and neural system—a disease whose series of ophthalmoscopic conditions form merely a part and parcel of what may be made plainly evident post-mortem to the increased power of the microscope throughout the related vascular and neural structures of the entire body.

This picture is totally different from that which is seen in the walking case at the eye-dispensary. In this variety of subject, there is oftentimes a subsided neuro-retinitis with scars of frequently repeated past inflammatory action and marks of renewed disturbance. These, with localized degenerative atrophies of the optic nerve-head, retina and choroid, and fatty and granular degeneration areas, are all the prevailing conditions. Here the ocular changes have been less apparent in their various stages, and it is only during the late and incurable period of the general disease that the patient seeks the aid of a medical adviser for failing vision. In fact, they have been more insidious, and hence, in reality, more grave. Again, the dispensary case is the one where the general disease—although, as a rule, having existed for a much longer period of time than the hospital type—has never appeared one of sufficient moment to render the subject bedridden for any extended time, and frequently the history of this class of cases will show that the patient has been but seldom incapacitated from following his usual occupation. This type often comes primarily to the ophthalmologist complaining of defective sight, and, never having been apparently seriously ill, has allowed the early and inflammatory signs of optic nerve, retinal and choroidal disturbances to pass unnoticed.

In the dispensary case the climax of the general disease, as it were, which, as a rule, has never been great, has passed away, and the varying groups of ocular degenerations seen ophthalmoscopically represent in a rough way merely to what extent the recurrent inflammatory reactions have reduced these degenerate tissues and to what degree the existing exacerbations are allowed to proceed.

In the hospital type of case here studied, the condition of affairs is far different. The eye-ground has, by reason of the patient's general state, been allowed either an early examination or one when its disturbance is at its greatest height or during the incipency of the degenerative process.

